

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

Agency
Number

Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department for Children and Families		9. Position No. K0230376	10. Budget Program Number 29215	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position) HUMAN SERVICES ASSISTANT	
3. Division EAST REGION			12. Proposed Class Title	
4. Section	For Use By Personnel Office	13. Allocation		
5. Unit RECEPTION/EES		14. Effective Date		
6. Location (address where employee works) City IOLA County ALLEN		15. By	Approved	
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %		16. Audit Date: By: Date: By:		
8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM To: 5:00 PM		17. Audit Date: By: Date: By:		

Position
Number

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

The purpose of this position is to serve as initial contact for the agency with the goal of providing quality customer service and a smooth, fluid flow of clientele and communications activity within the office. The Receptionist position is an integral part of agency customer service and activities have been identified as an agency business need because of contact for and by recipients of the multi-social service programs offered by Department of Children and Family Services (DCF), along with other non-DCF inquiries, are initially made through this position.

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
Shana B. McClure	Human Services Supervisor	K0057658

Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
Shana B. McClure	Human Services Supervisor	K0057658

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Supervision of experienced workers is minimal. Workers are expected to function independently in much customer contact and decision making. The worker has complete responsibility for committing agency funds and taking correct action based on federal and state regulations.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	<p><u>PROFESSIONAL ATTITUDE:</u> While performing the tasks listed below, please remember that you are a representative of the Department for Children and Families and you are expected to:</p> <p><i>*Demonstrate a willingness to help. Remember that your customer is anyone needing or asking for your assistance. For example, this could be other agency employees, community partners, landlords, state and community partners and individuals and families seeking services from the agency;</i></p> <p><i>*Demonstrate an attitude of respect (i.e. be attentive to the customer, communicate in a polite and professional tone of voice, meet with the customer face to face and by telephone, or return phone calls or emails within a reasonable period of time – as defined by your supervisor or program policy), process requests for service as quickly as possible;</i></p> <p><i>*Encourage individuals to identify and fulfill their own responsibilities;</i></p> <p><i>*Practice personal self-discipline and maintain ethical and professional behavior in times of frustration with difficult customers;</i></p> <p><i>*Provide information and service to those seeking your assistance. If you are unable to directly provide that service or information, you should offer to connect them with someone who can assist or advise them. Failure to demonstrate a professional attitude will directly reflect on the organization, the quality of service you provide, and will be considered unacceptable for any employee of the East Region DCF.</i></p>
100%	E	
1. 80%	E	<p><u>CUSTOMER SERVICE:</u></p> <p>Receives all persons coming into the office in a professional manner treating customers with dignity and respect and refers to appropriate person. Presents a pleasant attitude that will promote comfort and safety to our customers and visitors. Promotes good public relations between customers and staff and other agency staff. Takes messages for agency staff if visitor has requested to see a staff member who is not available or refer the visitor to someone who is available, depending on the need of the visitor. Maintains strict confidentiality.</p> <p>Answers and transfers telephone calls using multi-line telephone system. If intended recipient is unavailable, ascertains the nature of the call, and may transfer call to someone who is available or take a message. Telephone etiquette is observed and telephone calls are answered and transferred expeditiously.</p> <p>Reviews information on the database system (KAECSES) to determine a customer's prior/current involvement with the agency, to determine if the customer is new to the agency or to refer to appropriate staff as needed.</p> <p>Answers routine inquiries requiring minor interpretations of policies and available local resources. Inquiries may come from clients, vendors and various local agencies.</p> <p>The work is reviewed by the supervisor on an ongoing basis to determine if information is passed to others and customers are served quickly, efficiently and in a respectful manner. Promoting goodwill among employees by a positive attitude is also reviewed. This will be monitored through customer service observation and gauged by the number of complaints.</p>
2. 20%	E	<p><u>CLERICAL:</u></p> <p>Collects, sorts, opens, date stamps and distributes incoming office mail in accordance with office procedures.</p> <p>Operates electronic mailing system to process building and inter-office mail and all classes of federal mail. Maintains postage machine by checking/adjusting for correct meter readings daily, routinely checks postage machine balance, notifies designated person in regional office to request state funding so the local postage account always maintains a balance and postage is available.</p> <p>Determines need for forms, office supplies through periodic on-site inventory. Requisitions needed supplies and item according to established policies and procedures.</p> <p>Collects and copies from the State vehicles, travel and maintenance log and expense tickets and send to the Southeast Region office where the mileage and expenses are tabulated.</p> <p>Reviews the meter readings for the copy machines on a yearly pre-determined deadline and calls for service repairs to keep machines operable for employee use. Reports are submitted to the person in the regional office.</p> <p>Receives, receipts money collected from customers and other payers, prepares transmittals, and forward money and receipt documents to appropriate office for deposit or payment according to local office procedure.</p> <p>The work is reviewed by the supervisor on an ongoing basis to determine if duties are being completed.</p>

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - () Plans, staffs, evaluates, and directs work of employees of a work unit.
 - () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name

Title

Position Number

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23. Which statement best describes the results of error in action or decision of this employee?

- () Minimal property damage, minor injury, minor disruption of the flow of work.
- () Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- () Major program failure, major property loss, or serious injury or incapacitation.
- () Loss of life, disruption of operations of a major agency.

Please give examples.

Failure to perform functions related to this position would cause financial and emotional hardships for clients and could result in the loss of Federal funds and/or other fiscal sanctions to the State of Kansas.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

This position involves daily contacts agency customers, agency employees, other social service agencies, government officials, and the general public while directing, planning, and coordinating the delivery of services. Daily dissemination of information regarding state and federal regulations as well as agency programs, policy, and procedures.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

This employee may occasionally be exposed to difficult, hostile and potentially aggressive clients. Work environment is that of a business office. Heating, cooling, lighting and ventilation are generally good. May spend a majority of every day using personal computer and other office machinery, which may cause eye or muscle strain. Incumbent is generally free to get up from work station but may not be able to leave the immediate area due to front desk coverage needs. Other risks or discomforts are minimal.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Computers, multi-line telephone systems, fax, and copy machine are used daily. Extensive use of multi-line telephone system and computer. Daily use of postage meter, copier, fax machine and general office equipment.

PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education – General

- Required: High School Diploma or equivalent

Education or Training - special or professional

Licenses, certificates and registrations

- Must obtain and maintain Security Clearance

Special knowledge, skills and abilities

Experience - length in years and kind

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

- Experience and/or ability in the areas of general office procedures and ability to operate standard office equipment. Knowledge of communication skills, techniques and standard English language; the ability to meet clients with a positive, uplifting attitude conducive to creating a positive impression on the part of the client.

Signature of Employee

Date

Signature of Personnel Official

Date

Approved:

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date